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CLAIMANT'S NAME

SSAN OR EMPLOYEE NUMBER	
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DEPARTMENT

POSITION

CB/ID NUMBER

DIVISION OR BUREAU

Governor's Office

INDEX NUMBER

Deputy Chief of Staff

Executive office

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP

State Capitol

STATE

ZIP

Sacramento

CA

95814

CLAIM TOTAL	
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach separate sheet if necessary)	\$357.72

Attend planning meetings in LA for GGCS3

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0,5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240879

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

relating to vehicle safety and seat belt usage

AIM, AIT'S CIGARETTES

DATE

4/28/10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

5/3/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

STD 262 (REV 10/92)

CLAIMANT'S NAME Will Fox			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/ID NUMBER			DIVISION OR BUREAU Executive office		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

MONTH/YEAR 4/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
13-Apr	5:00pm	Sac to LA	190.81			18.00		37.68 39.25	taxi		0.00		248.06
14-Apr	9:00pm	LA to Sac						159.70	Air	29.00	0.00	13.32	202.02
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			190.81	0.00	0.00	18.00	0.00	198.95	0.00	29.00	0	0.00	13.32
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

448.51

~~\$450.08~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff Governor for meeting with Chancellor Merkel in Los Angeles.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240879

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and security

CLA

DATE

4/27/10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5/3/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE